

Beacon Maryland's Presentation:

Zero Suicide Model

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Outline

- Introduction
- The Zero Suicide Model
- Preview of Beacon's Provider Training:
 - Assessment & Screening
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- Additional Resources

The Zero Suicide Model



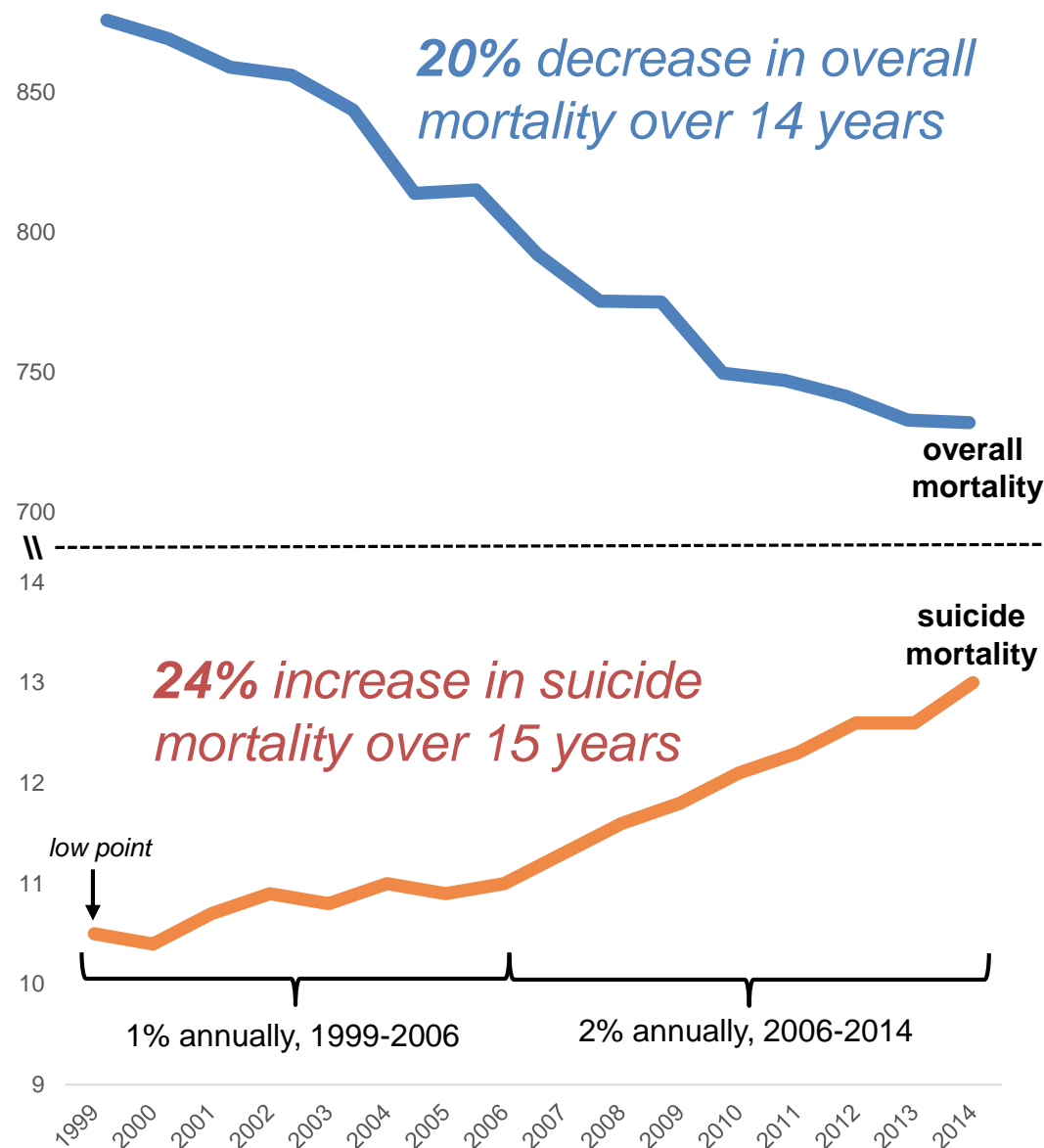
Introduction

Suicide is preventable.

- Deaths by suicide have increased 24 percent over the past 15 years, keeping suicidal behavior disorder a leading cause of death even as overall mortality rates decline.
- Beacon believes that suicidal behavior disorder is a treatable condition in its own right, rather than being a side effect of depression or any other underlying mental health problem.
- Most behavioral health clinicians have never received formal training on treating suicidality.
- Ineffective or harmful practices that can increase suicide risk are rooted in persistent myths and old habits, such as the frequent practice of involuntary inpatient hospitalization or the use of “no suicide” contracts.

Decreasing mortality rates, increasing suicide rates – suicide not treated as a preventable condition

Age-adjusted mortality rates per 100,000



Suicidality directly affects ~3% of Beacon's membership annually

	National statistics	Beacon estimates
Think about suicide	~9.3M adults	~1.4M mmbrs
Plan suicide	~2.7M adults	~408K mmbrs
Attempt suicide	~1.3M adults	~197K mmbrs
Complete suicide	>40K adults	~6.5K mmbrs



- **10th leading cause of death overall**
- **2nd leading cause** for youth (10-24)
- **56% suicides** in middle age (45-64)
- **Highest rate** in older adults (>75)
- Males **>3x greater risk** of completion
- Each suicide affects **6-32 survivors**

What is Zero Suicide?

- *A priority* of the National Action Alliance for Suicide Prevention
- *A goal* of the National Strategy for Suicide Prevention
- *A project* of the Suicide Prevention Resource Center
- *A framework* for systematic, clinical suicide prevention in behavioral health and health care systems
- *A focus* on safety and error reduction in health care
- *A set of best practices* and tools for health systems and providers
- You can learn more at their website: www.zerosuicide.org

ZEROSuicide

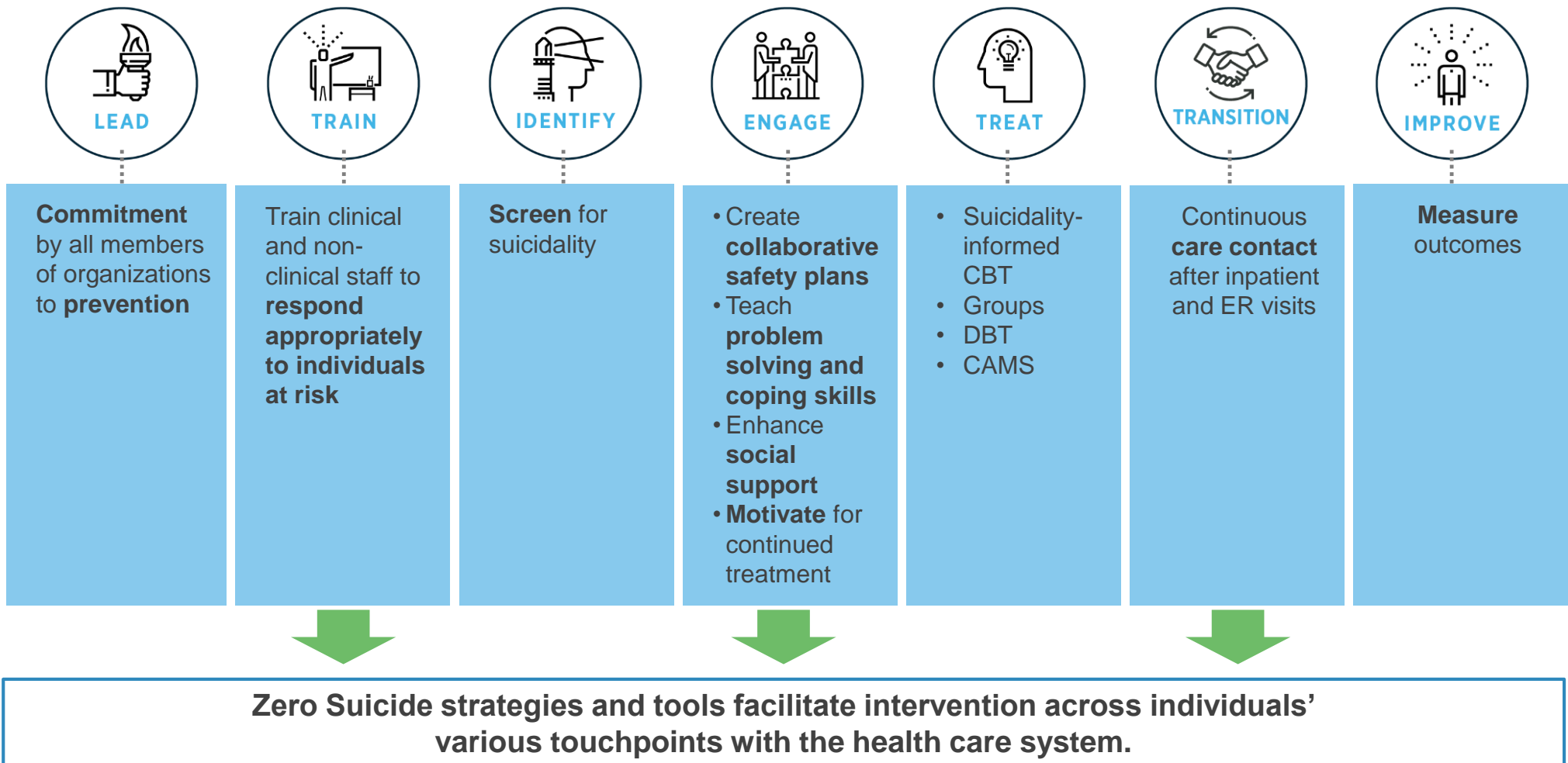
In health and behavioral healthcare

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Zero Suicide: An effective approach for preventing suicides

Zero Suicide is an aspirational, **optimistic framework** that **views suicide deaths as preventable** for individuals under the care of health and behavioral health systems.

Zero Suicide Framework Components



Preview of Beacon's Provider Training



Assessment & Screening

Beacon in collaboration with the National Council for Behavioral Health has selected Mental Health First Aid (MHFA) as the training platform for internal staff. MHFA is an eight-hour first aid course for the mind. It **teaches signs and symptoms of mental illness and substance use disorders.** It also provides a non-clinical triage approach for individuals displaying suicidal ideations. It is critical that aid is provided in a non-judgmental fashion that lessens the stigma associated with these conditions and MHFA offers us just that.

Other trainings:

- **safeTALK** – A half-day training to become a suicide-alert helper. Those trained in safeTalk will be able to identify warning signs of suicidal behaviors in others, and help connect individuals with appropriate intervention services.
- **Question Persuade Refer (QPR)** – A 6-8 hour course that teaches how to interview a potentially suicidal person, determine immediate risk of suicide, and help reduce the risk of suicide attempt or completion through a safety planning and referral process.
- **Assessing and Managing Suicide Risk (AMSR)** – A 6-8 hour course specifically for mental health professionals. The course presents the most common dilemmas faced by providers and the best practice for addressing suicide risk with consumers.

Source: Solano County Website. *County of Solano 2016 Annual Report*

Assessment & Screening

In the event that an individual is identified to be at risk for suicide, steps must be taken to determine the level of risk, including conducting a screening and/or assessment and initiating crisis services in the event that the risk is imminent. The following strategies are recommended:

- Be direct but empathic
- Be a good listener
- Use self-reporting screening tools
- Do not be afraid to ask direct questions
- Employ a culturally and linguistically appropriate approach including infusion of spirituality
- Ensure that a thorough psycho-social assessment is completed
- Assess for use of substances and impact on mental health
- Assess for risk and protective factors
- Engage family or collateral supports to gather additional information
- Continue to screen for suicide risk after the crisis has passed

Assessment & Screening

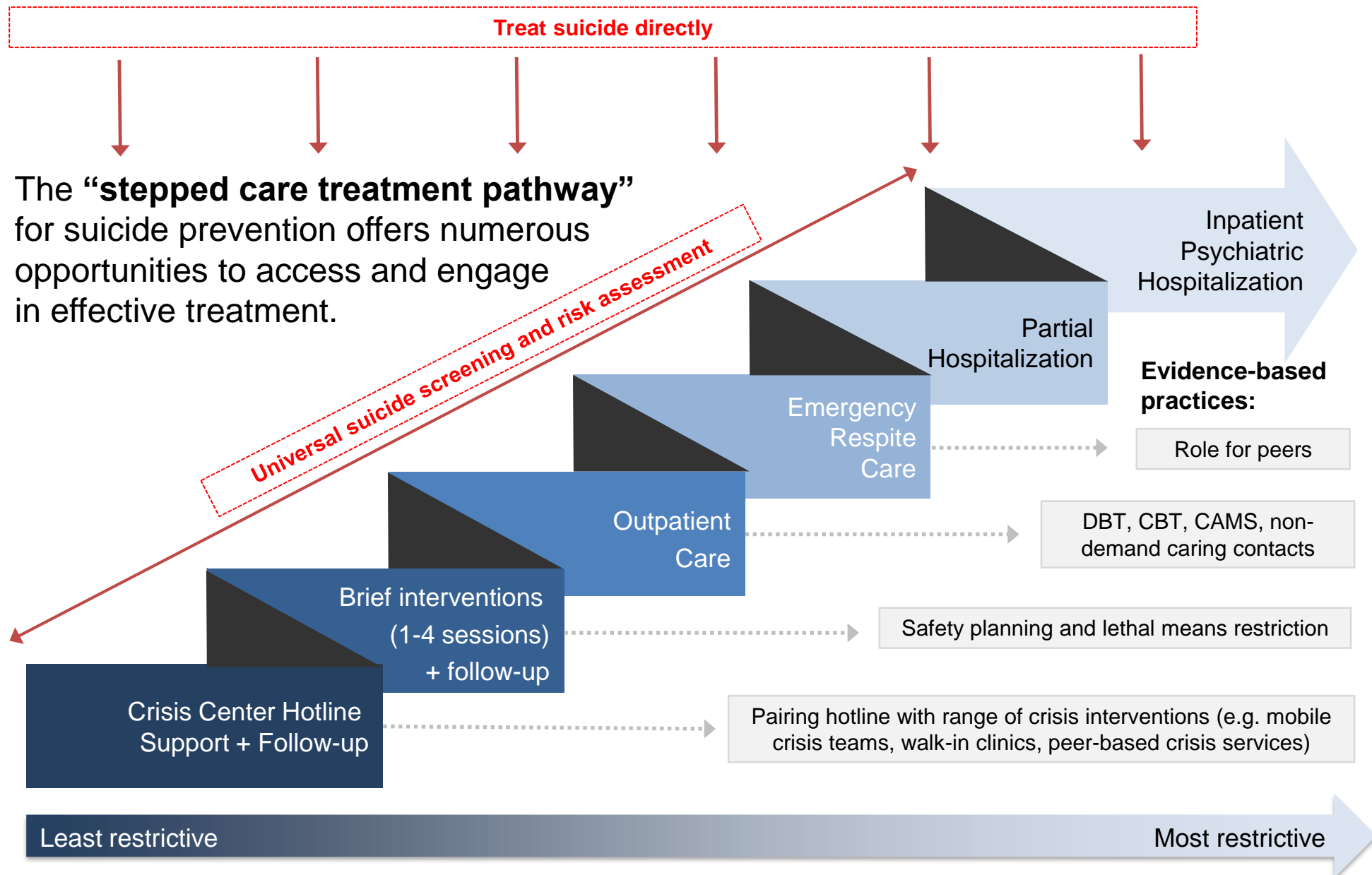
The following screening tools are recommended:

- Patient Health Questionnaire-9 (PHQ-9) or the PHQ-3
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- BECK Depression Inventory
- National Institute of Mental Health: Ask Suicide-Screening Questions (asQ)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling asleep or staying awake	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For Office Coding 0 + ____ + ____ + ____
=Total Score: _____

Evidence-based care should treat suicide directly and within the least restrictive setting



Treatment

The following treatment approaches are encouraged:

- Client-centered and driven services
- Brief educational interventions
- Use a multi-modal approach: individual therapy, family therapy, couples therapy, group therapy
- Non-demand caring contacts
- Collaborative Assessment and Management of Suicidality (CAMS)
- Psychotherapy:
 - Dialectical Behavioral Therapy (DBT)
 - Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)
 - Mentalization-Based Treatment (MBT)
 - Transference-Focused Psychotherapy (TFP)
 - Use of a trauma informed-approach, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
- Pharmacotherapy
- Effective utilization of mental health peer specialists in treatment
- Support groups to include, but not limited to: grief, peer-facilitated, survivor, divorce groups, etc.
- Implementation of individualized Crisis Management Plans or Safety Plans

Evidence supports what works for suicide

The Zero Suicide framework emphasizes the **importance of treating suicidality directly**, independent of diagnoses, within the least restrictive settings possible. The following **evidence-based treatments** are to be delivered within the context of **organizational-wide adoption** of the Zero Suicide framework.

Non-demand caring contacts

- Post-discharge **FU contacts** with individuals at risk as adjuncts to treatment
- **Engagement** through letters, phone calls, in-person contact

CBT for suicide prevention

CBT-SP treats suicidality for both adults and adolescents and includes the following components:

- Cognitive restructuring strategies
- Emotion regulation strategy
- Behavior activation
- Problem-solving strategies

Culture change

Collaborative assessment and management of suicidality (CAMS)

CAMS is designed to **strengthen the outpatient therapeutic alliance** and **increase motivation**. It is a framework that champions collaboration between individuals and clinicians in assessment and treatment planning

Dialectical behavior therapy (DBT)

DBT addresses individuals' readiness for acceptance and change and is comprised of four components:

- Weekly **group skills** training for 24 weeks
- Weekly **individual treatment**
- Phone coaching (upon request)
- Consultation team meetings

Organizational adoption of Zero Suicide mentality requires the following cultural commitments:

- Leadership's acknowledgement of suicide **prevention as a core responsibility**
- **Buy-in of all members** of organization
- Creation of a **safe environment for dialogue**
- **Dispelling of blame** for suicide
- High regard for **lived experience**

Safety planning

- Safety plans or “wellness plans” are developed with the individual to indicate what they should do during a crisis and include:
 - Techniques to manage suicidal thoughts and experiences of intolerable distress or pain
 - Specific next steps if the individual feels unable to manage those thoughts
 - Voluntary plans to restrict access to lethal means (e.g., temporary removal from home).
- Wellness and Recovery Action Plan (WRAP) is more than a crisis plan and helps individuals to recognize their triggers and what to do to handle those triggers.
- It is important to note that safety and wellness planning is undertaken before the member is in crisis, and it is distinct from discharge planning.
- Additionally, for those individuals at elevated risk, it is recommended that these plans are updated at every visit.

Resources



Maryland Resources

Maryland Crisis Hotline

Substance Use,
Depression/Anxiety,
Thoughts of Suicide?

THERE IS HOPE

1-800-422-0009

BHANS
Behavioral Health Administration

MARYLAND Department of Health

Maryland Crisis Connect
Life Matters. Reach Out. We're Here.

CALL TOLL FREE
1-800-422-0009

CHAT WITH US
Launch Chat

TEXT WITH US
Coming Soon

SEARCH BY CATEGORY

Crisis Can Take Many Forms

Reach Out Get Help Learn More

1-800-422-0009

Download our app:
"There is Hope"

Distorted Perceptions

HOME ABOUT US ABOUT STIGMA OUR CAMPAIGN GET INVOLVED RESOURCES CONTACT US

Are you seeing clearly?
Would knowing someone has a mental health or substance use disorder change the way you see them?

LEARN MORE

National Resources

Crisis Text Line

- Text “HOME” to 741741

Each Mind Matters

- Stigma Reduction Campaign
- www.eachmindmatters.org

Know the Signs

- Suicide Prevention Campaign
- www.suicideispreventable.org
- ***National Support***

MY3: Suicide Prevention Phone App

- www.my3app.org

The Trevor Project: Suicide Prevention for LGBTQ Youth

- 24/7 Suicide Prevention Hotline for LGBTQ Youth
- 1-800-488-7386 call and text capabilities
- www.thetrevorproject.org

National Hotline

- 1-800-273-TALK (8255)

NAMI Helpline

- (800) 950-NAMI
- **M-F, 10 AM - 6 PM ET**
- Text "NAMI" to 741741

Beacon's Implementation Activities



Examples of What Beacon Has Done Locally

2017 Q4

- Established a multi-disciplinary Implementation Team
- Conducted a thorough staff survey
- Developed a project plan

2018 Q1

- Took quick action from results of staff survey
 - Conducted requested training for all staff
 - Launched an inner-office Zero Suicide Newsletter to raise awareness, share personal stories, identify trainings and promote resources such as hotlines and apps
- Submitted “Behavioral Health Corners” to Maryland’s Managed Care Organizations addressing suicide screening tools.
- Developing provider trainings to be presented later this year.

Beacon Maryland's Zero Suicide Newsletter



Zero Suicide Newsletter: Beacon Maryland

FEBRUARY 2018

The American Foundation for Suicide Prevention indicates that each year more than 44,000 Americans die by suicide. (<https://afsp.org/>) This is more people than would fit in most major league baseball stadiums!

Know the Facts in Maryland

SUICIDE: MARYLAND 2017 FACTS & FIGURES

Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 population	State Rank
Maryland	553	8.76	48
Nationally	44,193	13.26	

Suicide is the **12th leading** cause of death overall in Maryland.



On average, one person dies by suicide **every 16 hours** in the state.

Based on most recent 2015 data from CDC. Learn more at afsp.org/statistics.



Suicide cost Maryland a total of **\$586,391,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,168,110** per suicide death.

IN MARYLAND, SUICIDE IS THE...

1st leading
cause of death
for ages 10-14

3rd leading
cause of death
for ages 15-34

5th leading
cause of death
for ages 35-44

4th leading
cause of death
for ages 45-54

10th leading
cause of death
for ages 55-64

18th leading
cause of death
for ages 65 & older

Deaths by suicide in Maryland reflect a total of **10,702** years of potential life lost (YPLL) before age 65.



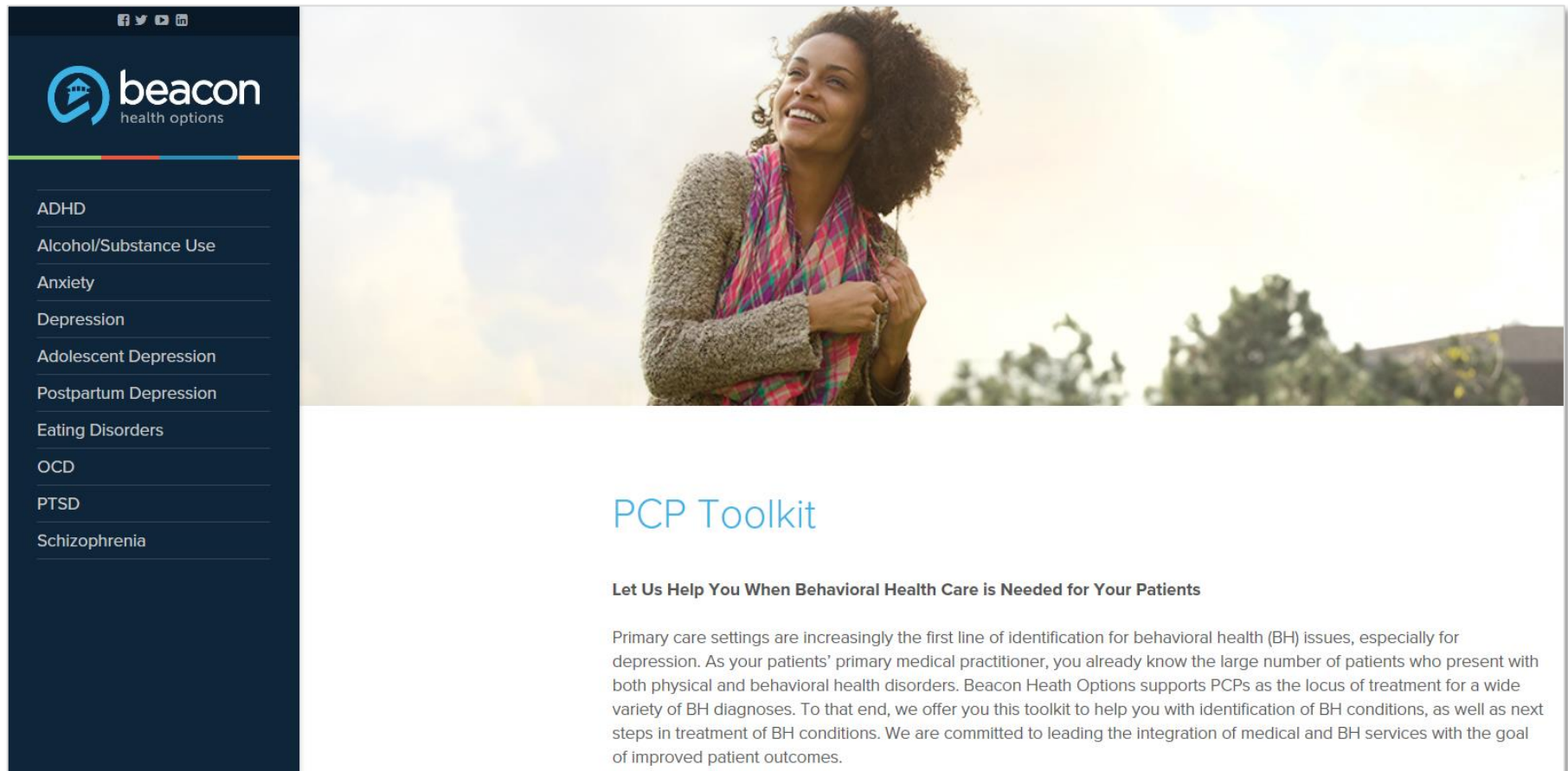
AMERICAN FOUNDATION FOR
Suicide Prevention

afsp.org

One Example of What Beacon Has Done Nationally

Increasing capacity of PCP's to better recognize Suicide Risk through education and identification of risk factors and warning signs. Available at

<http://pcptoolkit.beaconhealthoptions.com/>.



PCP Toolkit

Let Us Help You When Behavioral Health Care is Needed for Your Patients

Primary care settings are increasingly the first line of identification for behavioral health (BH) issues, especially for depression. As your patients' primary medical practitioner, you already know the large number of patients who present with both physical and behavioral health disorders. Beacon Health Options supports PCPs as the locus of treatment for a wide variety of BH diagnoses. To that end, we offer you this toolkit to help you with identification of BH conditions, as well as next steps in treatment of BH conditions. We are committed to leading the integration of medical and BH services with the goal of improved patient outcomes.

Provider Feedback for Healthcare System

1. Encourage leadership to get on board with a Zero Suicide campaign
2. Promote a culture of proactively identifying and treating suicide
3. Focus training efforts on how to identify individuals at risk, such as role-playing in asking about suicidal thoughts
4. Adopting a single screening tool organization wide (for training, consistency and data integrity purposes)
5. Establish protocols to collect and review suicide-related data
6. To promote continuity of care, reassess your post-discharge aftercare requirements
7. Use non-demand caring contacts during transitions of care
8. Out of the Darkness Walks

Additional Resources



Resources

- Download Beacon's white paper at <http://beaconlens.com/white-papers/>
- Zero Suicide Website: <http://zerosuicide.sprc.org/>
- American Foundation for Suicide Prevention: <https://afsp.org/> @afspnational
- Seize the Awkward: <https://seizetheawkward.org/>
- Suicide Prevention Resource Center: <http://www.sprc.org/>
- National Action Alliance for Suicide Prevention: <http://actionallianceforsuicideprevention.org/>
- National Alliance on Mental Illness (NAMI) *Ending the Silence*: <https://www.nami.org/>
- SAMHSA Website: <http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>
- Mental Health Awareness: Suicide or Survive
<http://www.suicideorsurvive.ie/?gclid=CNqK0pLqhdICFcmIswod6MoO6g>
- Veteran's Crisis Line (VCL): https://www.mentalhealth.va.gov/suicide_prevention/index.asp

Resources

- CALM: Counseling on Access to Lethal Means: Suicide Prevention Resource Center website: <http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>
- CDC/NCHS, National Vital Statistics System, Mortality. http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf ; <http://www.cdc.gov/nchs/products/databriefs/db241.htm>
- Final Presentation: Advancing Prevention Project: An Introduction to Zero Suicide. <http://www.advancingpreventionproject.org/wp-content/uploads/2016/03/Zero-Suicide-Final-Presentation.pdf>
- Mental Health Awareness: Suicide or Survive <http://www.suicideorsurvive.ie/?gclid=CNqK0pLqhdICFcmIswod6MoO6g>
- National Action Alliance for Suicide Prevention: <http://actionallianceforsuicideprevention.org/>
- National Suicide Prevention Lifeline: <https://suicidepreventionlifeline.org/>
- SAMHSA Website: <http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>
- Solano County Website. *County of Solano 2016 Annual Report*. Retrieved from <http://www.solanocounty.com/depts/mhs/default.asp>
- Suicide Care in Systems Framework. *National Action Alliance: Clinical Care and Intervention Task Force* <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/taskforces/ClinicalCareInterventionReport.pdf>
- Suicide Prevention Action Network (SPAN): <http://www.spanusa.org>

Thank you



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#zerosuicide